PLACE OF DEATH STATE OF MARYLAND County Mantgo CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give ita NAME in of street proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. eq WIDOWED OR DIVORCED may (Write the word) (Month) (Day) I HEREBY CERTIFY. 6 DATE OF BIRTH That Fattended the deceased instruction a 7 AGE If LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: rms _ds. or ___min.? B OCCUPATION Trade mofession or particular kind of work pla (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory BIRTHMEASE Secondary (State or country) BB EA (Duration) 10 NAME OF .. (Signed) (Address). BIRTHPLACE OF FATHER the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury and (2) Whether SI Information state CAUS EZ (State or country) Accidental, Suicidal or Homicidal. 0: 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER (State or Country) should ent of O Where was disease contracted, if not at place of dea.h?. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE ent Former or usual readence (Informant) Every it CIANS stateme PLACE OF BURIAL OR REMOVAL DDRESS 20 UNDERTAKER If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting N. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, (6)

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept; EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerepro-Lobar pneumonia, Bronchopneumonia ("Pneumonia, 1

> approved by Committee on Nomenclature stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E::haustion," "Heart failure," "Iaemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; etc. The Always qualify all contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is It this certificate is looked over thoroughly and all qu stions

permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ESORD HENT BINDING WITH UNFADING INK-THIS IS A PERM MARGIN RESERVED FOR WRITE PL N. B.

V. S. No. 1

PLACE OF DEATH	17155 STATE OF MARYLAND
County County	CERTIFICATE OF DEATH Registration Dist. No. 2/8
Village or City Caysrelle (No. Betty) 2FULL NAME Bafys	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widowed, Write the word)	16 DATE OF DEATH Quine -6-, 193/ (Month) (Day) (Year)
6 DATE OF BIRTH June - 6-, 1931	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on 6 6, 197, 198,
7 AGE If LESS than day hrs. hour day hrs. hrs. day hrs. h	and that death occurred on the date stated above, at
8) OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos Lodds (Duration) yrs. a mos Lodds
10 NAME OF Ray would a Bolton	(Signed) Chas L. Swigh M. D.
II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Selen M. Burdette	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ray Moved Pollog	Former or usual residence
(Address) / HOrpel 7t. O Registrar	20 UKORTAKER WBarker Gatherston
If more bianks are needed, address State Registrat	r, 16 W. Sayayoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Spinner, (b) Cotton mill; (a) Salesman, (b) definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return" Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken hou ehold only (not paid Housekeepers who receive a tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal minc, etc. Wom-Locomotive engineer, Grocery,

Strtement of Cause of Death—Name, first, the DISEACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lober pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerreral septicaemia," "Puerreral perilonitis," etc. can be ascertained as the cause. Always qualify all approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need Example: Measles (disease Nomenclature not be

PLACE OF DEATH	07156 STATE OF MARYLAND
County mont	CERTIFICATE OF DEATH
*	Registration Dist. No. 217
D. 1+	
Village or City (No(No	St.: Ward) (If death occurred in a hospital or institu- tlon, give its NAME in- stead of street and
2FULL NAME AND INCO.	stead of street and number.)
-TOLL NAME OF THE PARTY OF THE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
Jew WIDOWED. OR DIVORCED (Write the word)	J. W. J
6 DATE OF BIRTH	(Month) (Day) (Year)
& DA-0 11/ 511	Jan 1 1931 to Jane 14, 193/,
(Month) (Day) (Year)	that last saw helt alive on June 14, 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at 2 7 m.
1 dayhrs.	The CAUSE OF DEATH * was as follows:
64 yrs. mos. ds. or min.?	
a) Trade, profession or	Chronic myocorditis-
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) Q yrs. mos. ds.
which employed or (employer)	Contributory Vilatation of heart.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
10 NAME OF	(Signed) Charlesinn Plean M. D.
FATHER William Brown	Sunl 15 1931 (Address) Sandy Spring Sol
OF FATHER (State or country)	
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Chiadelle Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or Country) Howard Co: MA	of deathyrsds. Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
all was a will: Brown	Former or usual residence
(Informant) Mr Million I Down	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / It solemble Inof	Wood Dide gram/le, 153/
Filed June 16 1918/ CS. Barnsley	20 UNDERTAKER ADDRESS
Registrar	1 Loy W Barber & alhershung
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
perissued.	7

07156

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Starement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never return"Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken For many occupations a without more precise specification as Day specifically the occupations of persons en-For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospipal fever (the only definite synonym is "Epidemic erebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ezhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) Whooping cough; Chronic valvular heart disease; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJULY Examples: Accidental drowning; Struck by railway trainaffection need etc. The contributory Always qualify all not be

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. a hospitel or institu-tion, give its NAME in-stead of street and PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED. OR DIVORCED Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than l day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Durstion) _____yrs.____mos.___ 10 NAME OF FATHER /1925/ (Address) 11 BIRTHPLACE OF FATHER State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME œ 16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER (State or Country 00 Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE TO fisual residence. OF BURIAL OR REMOVAL If more bianks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Mousannely	CERTIFICATE OF DEATH
B.V.	Registration Dist. No. 213
Village or City Tolore Co. (No.	St.: Ward) (If death occurred in a hospital or institu
2 FULL NAME Lawyence L. C	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 24 , 1931
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the daceased from
15 75 , 1909	
(Month) (Day) (Sear)	and that death occurred on the sate stated abova, at 8 100 Pm
l day hrs.	
yrs. mos. da. or min.?	
8 OCCUPATION (a) Trade, profession or	mustre Charle & Potomoc, Can
particular kind of work (b) General nature of industry	Short and transmire agost the
business, or establishment in	(Durstion) vis. morning de
which employed or (employer)	Contributory Untoncome accides
9 BIRTHPLACE (State or country)	Secondary ou Potouck kke
10 NAME OF STATHER	(Signed) It I rule M. D.
11 BIRTHPLACE	July 26 1929 (Address) Rockville Ma
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CHUKE Noble	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
The same	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	1 storace Md. 26. 1931
Filed 6/25 1973/ Seton D. Mourse Ragistrar	Warner Purchas Rock Me
If mora bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEEASE CAUSING DEATH (the primary affection with respect, to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid ". ('Inanition,')" "Marasmus,'" "Old Age, "" "Shock," "Uraemia, "" "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory valvular Always qualify all heart disease;

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR-DIVORCED (write the word) (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of Y_That i attended deceased from (or) WIFE of properly Days 7. AGE Years If LESS than to have occurred on the date stated above, et. The Monthe 1 day. or min. Oats of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which work was done, as SILK MILL, should SAW MILL, BANK, etc 11. Total time (years) 10. Oate deceased last worked et this occupation (month end spent in this that occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city-or town (State or country) What test confirmed diegnosis?_____ Wes there en eulopsy?____ MOTHER 15. MAIOEN NAME 23. If death was due to externat causes (VIOL ENCE) fill in also the following: II. Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF (Address) Manner of injury 18. BURIAL, CREMATION, OR REMOV CAUSE Nature of injury TION 24. Wes disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting Cos No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

4	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PPYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NT RECORD MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERMA WRITE PLANLY

County Mongomera	STATE OF MARYLAND
	CERTIFICATE OF DEATH
	Registration Dist. No. 211
Village or CityMr Jundum (No.	St.: Ward) a hospital or institu
2FULL NAME Amanda J.	Lutrou tion, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH June 6, 1923 1
(Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended the deceased from
Del. 27 1838	28 1921 to June 6 , 192 1
(Month) (Day) (Year)	that I last saw her alive on June 9 , 192
AGE IfLESS tha	an and that death occurred on the date stated above, at 2
9 1 dayhr	
7 2 yrs. mos. ds. or min	: Throme Endo cardilis
(a) Trade, profession or	
particular kind of work / lewest Howeville	
(b) General nature of industry business, or establishment in	Unknown to me
which employed or (employer)	(Duration) yrs, mos.
BIRTHPLACE (State or country) Md.	Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
1 10 NAME OF	- Jane In Bruser
FATHER Mm. Drowning	(Signed) M. D.
11 BIRTHPLACE	June / 192/ (Address) D at Marine ma
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER THANK Buxton	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE	At place of deathyrsmosds.
OF MOTHER / but.	- Where was disease contracted,
(State or Country)	if not at place of death?
	if not at place of death?
(State or Country)	if not at place of death?
(State or Country)	Former or usual residence.

1000 6 (21)

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cattan mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Campasitor, Architect, Locamotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Hausemaid, etc. If the occupation has been changed to report specifically the occupations of persons enlaborer, worked on may form part of the second statement (a) Fareman, ,,, etc., For many occupations a single word or term on or At Hame, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Caal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Autamobile factory. The material (a) the kind of work and also (b) the (b) The ques-Grocery,

business, that fact may be indicated thus; Furmer (retired 6 yrs). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"

"Exhaustion," "Heart failure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," etc., when a definite disease stated unless important. inges, peritanaeum, etc., Carcinama, Sareama, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumania (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculasis of lungs, men-Letanus may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-prabably suicide. The nature of the injury, accident; Revolver wound of head-hamieide; Paisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-Chranie interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: A ecidental drawning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need not be ess important. Example: Measles (disease Chronie etc. The valvular heart disease; Nomenclature contributory

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy (b) Automobile foctory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

'diseases resulting from childbirth or miscarriage as 'PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic etc. The contributory volvular heart Nomenclature disease;

If this certificate is looked out thoroughly and all questions answered in detail, it will purent in the correspondence. All the data is respital and must be the certificate is persistently filed.

1	PLACE OF DEATH	STATE OF MARYLAND
1	County Monda Company	CERTIFICATE OF DEATH
		62-0
	0.0011 = 1100.0	Registration Dist. No. /- 1 T
Vil	lage or City Silver Ming (No. 105)	Tanken St.: Ward) (If death occurred in a hospital or institu-
		tion, give its NAME it -
	2FULL NAME martha tis	her trances number.)
	DESCONAL AND CTATICTICAL PARTICULARS	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	MARRIED, Un	16 DATE OF DEATH
+	e de la de de divorces	7 2 2 3 , 1921
	(Write the word)	(Month) (Day) (Year)
9 L	DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	november, 1840	1923 to grane 23, 1923,
	(Month) (Day) (Year)	that I last saw hamalive on June 2.3., 1923
7 A		and that death occurred on the date stated above, atm,
	90 yrs. 7 mos. 14 ds. or min.?	The CAUSE OF DEATH * was as follows:
8.0	CCUPATION 105. The control of the co	Letha Himoniage
(8	a) Trade, profession or 🚽 /	
	articular kind of work Shariff	
	usiness, or establishment in	(Duration) vis mos / 4 de.
w	hich employed or (employer)	0 • 0 =4
9 B	(State or country)	Contributory Secondary
	Chester Tennsylvani	(Purstion) 5 yrs, mos, ds,
	10 NAME OF FATHER	(Signed) A Arvest M. D.
	onas risker	Juny 23. 1923 / (Address) 928 Slego Org
TS	OF FATHER	
Z	(State or country) Innautvania	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
R	12 MAIDEN NAME OF MOTHER ()	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
9	Amuella Hollowoull	ients or Recent Residents)
	OF MOTHER	At place of deathyrsmosds, Stateyrsmosds,
1	(State or Country) Insylvania	Where was disease contracted,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	is make the make	Former or usual residence
	(Informant) Mrs. Martia C. M. Mills	19 PLAGE BURAL OF REMOVAL PATE OF BURIAL
	(Address) 103 Harden the Liberton	Multiply alva Va how 24.31
15		20/UNDERTAKER ADDRESS
	Filed 6 - 23 193) JE Mudley Registrar	1/ S. Grund Chand 1
=	- Bully P	So Bli Barrie V Shall
	If more banks are needed, address tate Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Womlaborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation

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American Medical Association.) (Recommendations on statement of cause of death stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephrilis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronic and consequences (e.g., sepsis, etc. The contributory valvular heart need not be disease;

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or instituion, give its NAME inetead of street wumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND ARTICULARS 16 DATE OF DEATH 3 SEX OR RACE | 5 SINGLE, WIDOWED (Month) may OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the deceased from 17 6 DATE OF BIRTH (Day) and that death occurred on the date stated above, a 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work. M. O.C. (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHYLACE State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidentai, Suicidai or Homicidal. RENT OF FATHER (State or country) 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Lesidents) 13 BIRTHPLACE In the At place OF MOTHER ... yrs. . . mos. . . . da. State,yra.....mos. of death (State or country) Where was disease contracted, if not at place of death?..... Every Item CIANS shou statement usual residence, BATE OF BURIAL it more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisking Causing Drath, Housemaid, etc. gaged in domestic service for wages as Servant, Cook to report specifically the occ pations of persons enployed, as At school or At home, fare should be taken scork, or At definite salary). may be entered a. Housessife, House household only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Laborerer," etc.. worked on may form part of the second statement. Nover return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician. Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Furmer or Planter, cupation is very important, so that the relative health-Civil engineer, Stationary framen, etc. tion applied to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc For many occupations a single word or term on especially in industrial employments, it 11.8.1 without more precise specification as who are engaged in the duties of the Home, For persons who have no occupation If the occupation has been changed and children, not gainfully em--Coal mine, etc. Wom-But in many therefore an is neces-Day

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Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) muy be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PURPERAL septicacmia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," State cause can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustlen," "Heart failure." "Haemorary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopncumonia use of "Tumor" for mallguant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., "Uraemia," "Weaknes." etc., when a definite disease vulsions," stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory inqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT BEATHS STATE MEANS OF INJURI "Debility" ("Congenital," "Senile," etc.) for which surgical operation was under-Chronic valvular heart disease; (Recommendations on state-"Anaemia" "Coma," Measles; The na-(disease (merely (second-

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state occupation at beginning of illness. If retired from tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Ferm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," et:., Spinner, (b) Cotton mill; (a) Salesman. (b) Greery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples : (a cupation is very important, so that the relative health Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," "Manager." 'Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (e) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e.g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day Compositor, For persons who have no occupation Architect, Locomotive engineer But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lohar precumonia. Branchopneumonia ("Pneumonia.")

taken. For VIOLENT DEATHS state MEANS OF INJURY "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Corna," "Convusions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearn failure," "Heart 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably smeide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondars or intercurrent) affection need not be American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic valvular etc. The Nomenclature heart contributory disease;

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in ... Ward) Village or City..... a hospital or institusion, give its NAME instead of atreet number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH 1920, to that I last saw h wan, alive on (Month) (Year) (Day) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: 1 day hrs. OCCUPATION (a) Trade, profession or particular kind of work Milest (b) General nature of industry (Duration) business, or establishment in which employed or (employer)..... Secondary 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from OF FATHER Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. M (State or country) æ 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-K OF MOTHER OCCUP ients, or Recent Residents) 13 BIRTHPLACE At place OF MOTHER State,yis..... mos. of death yrs. mos..... da. (State or country Where was disease contracted, if not at place of desth?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Saratoga St., Balto., Requesting V. S. it more blanks are needed, address State Registrar, 16 W.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no cecupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisecuse cattery DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At *chool or At home. Care 2) ould be taken definite salary), may be entered a Housewije, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write None. Housemaid, etc. to report speelficulty the oce pations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal worked on may form part of the second statement. (a) Foremun, (b) Automobile factory. The material Commer, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician. Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is nees-Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc or 4! Home, and children, not gainfully em-For many occupations a single word or term on If the occupation has been changed

Exacement of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Example: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pdeumonia");

as probably such, if impossible to determine definitely. trasm ment of cause of death approved by Committee on head of "contributory." (Recommendations on stateand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF quences Poisoned by curbolic acid-probably suicide. The na-Examples: Accidental drowning; Nomenelature of the American Medical Association.) ture of the injury, as fracture of skull, and consetaken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPHEAL septicaemia," "PUERPERAL peritonitie," etc. diseases resulting from ehlldbirth or miscarriage as can be ascertained as the eause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anacmia" (merely ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for mallgnant neoplasms); Measles; vulsions." Chronic interstitial nephritis, etc. inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberoulosis of lungs, men Whooping cough; -accident: Revolver wound of head-homicide; . (name origin; "Cancer" is less definite; avoid (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile." etc.), Never report mere symptoms or terminal Chronic valvular heart disease; Struck by railway failure." "Haemor-Always qualify all The contributory (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed. 1931

PLACE OF DEATH County Monday	STATE OF MARY CERTIFICATE OF
Village or City Poolesvillano. 2FULL NAME Charloffe	Registration Dist. No St.: Ward) Adglu Registration Dist. No (If de a hosp tion, gentlem, gentlem)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That Lattanded the
(Month) (Day), I (Year	
day h OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or country) 10 NAME OF FATHER THE	(Signed)
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Incients or Racent Residents) At place of death yis mos. ds. State yr.
(Info ment) To the BEST OF MY KNOWLEDGE (Address) Abblanch Filed June 4 1921 EWWh	Where was disease contracted, if not at place of death?
Registra: If more b.anks are neaded, addross State Regist	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 212

_St.:	Ward)	(If death occa hospital er tion, giva its Nate of str	institu-
		stead of str	eet and

tagen	number.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH (Month)	(1931
	(Day) (Year) Lattanded the decessed from (193/, 193/
that I last saw bear aliva on	hu 5 , 193 !
The CAUSE OF DEATH * was as folion	
Contributory Secondary	3 yra ince and
(Signed) (Duration	of the most de
*State the Discase Causing I Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) whether
18 LENGTH OF RESIDENCE (For ients or Racent Residents)	Hospitals, Institutions, Trans
At place of deathyrsds.	In the Stateyrsde
Where was disease contracted, if not at place of death?	
Former or usual residence	
Probabile	June 7, 1931.
20 UNDERTAKER .	ADDRESS

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serunt, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Household*, *House* worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g. . Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, tion applies to each and every person, irrespective of r," etc., Foreman, For many occupations a single word or term on Farm Ichorer, Laborer-Coul mine, ctc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile (a) the kind of work and also (b) the Salesman. (b) Grocery; factory. The material Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "pholid fever (never report "Typhoid Pneumonia"); "andar pneumonia. Bronchopneumonia ("Pneumonia.")

"Exhaustion," "Heart lanure, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease us fracture of skull, and consequences (e.g., sepain, tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmoumonia (secondary approved by Committee on Nomenclature carbolic acid--probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train (secondary or Chronic interstitial nephrilis, inges, perilonacum, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic intercurrent) etc., Carcinonu, Sarconu,, etc., o. etc. The contributory valvular heart disease; affection need not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A Ithe data is essential and must be obtained before the certificate is permanently filed.

1931

82-a

(Year)

IfLESS than

I day hrs.

(Day)

PLACE OF DEATH

STATE OF	MARYLAND
CERTIFICAT	E OF DEATH
Registration	Dist. No. 21

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Mas	lewood Sao.	St.:	Ward)
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	Tave Ce		

(If death occurred in a hospital or institu-tion, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from May 193 to 2 193 that I last saw h an alive on 2 2 193
that I last saw have alive on June 20, 1981,
and that death occurred on the date stated above, at
Raptured cerebral word.
(Duration) yrs. mos 2 ds.
(Signed) (Duration) / Dyrs D mos O do. (Signed) M. D. Hayre M. D. June 4 1931 (Address) 8572 Less. Aux Lilver Harry
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death yrs ds. In the State yrs mes ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Marls. D.C. June 24, 1931
20 UNDERTAKER ADDRESS
Ser. W Win 6, 2900 M N.W.

(Approved by U. S. Census and American Public Health Association.)

Spinner, work, additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House should be used only when needed. As examples: (o) cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary freman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an the first line will be sufficient, c. g. Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Loborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

approved by Committee on Nomenclature tclonus) may be stated under the head of "contributory." American Medical Association.) or as probably such, if impossible to determine definitely. carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Meusles (disease inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need Chronic valvular heart disease, etc. The contributory not be

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County Montgon ax 1	CERTIFICATE OF DEATH Registration Dist. No. 2/3
Village or City Trairing (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of effect and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, SUNGLE WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 6 2 , 1923
6 DATE OF BIRTH Oo 1910 (Month) (Day) (Year)	that i last saw home alive on 19
7 AGE If LESS the I day he I day he	8. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	(Signed) *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Travilal, md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
Registrar	ear, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servah, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, Whooping accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death etanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature not be

V. S. No.

PLACE OF DEATH County Mont	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21
Village or City Ashton (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH J. 1924, 1924. (Year)
6 DATE OF BIRTH (Month) (Day) (Year	I HEREBY CERTIFY, That I attended the deceased from June 24 1923 to June 24, 1924
7 AGE 1 9 yrs. mos. ds. or mi	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs mos ds. Contributory Julius Mary hemse Age. Secondary (Durstion) yrs mos Market Mar
10 NAME OF FATHER UNKNOWN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. Where we disease contracted
(Informant) Post Snawder	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL And The state of the
Filed une 2519281 OS arnsly. Registration	20 UNDERTAKER 20 UNDERTAKER Rockoulle trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. sary to know the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the bis— EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brenchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid lelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY 10 ds. Never report mere symptoms or terminal condi-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. Chronic etc. The contributory valvular heart Always qualify all not be

H 4 4 5 10 10 10 10 10 10 10 10 10 10 10 10 10	PLACE OF DEATH County Montgomery	STATE OF MARYLAND CERTIFICATE OF DEATH
9.5		Registration Dist. No. 2/3
ORD Classifi ate.	Village or City Scall and (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
	2 FULL NAME John Robert J	stead of street and number.)
NT stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING ING d be st y be pr ack of	A PHOWED. OR SIVERCED	16 DATE OF DEATH (Month) (Day) (Year)
PER shot	6 DATE OF BIRTH October 4, 1894	17 I HEREBY CERTIFY, That I attended the deceased from May 193 /. to June 28 ., 193 /, that I last saw harmalive on June 27, 193 /,
D FO HIS IS lied. A ms so t		and that death occurred on the date stated above, at 10 10 mm. The CAUSE OF DEATH * was as follows;
SERVE NKT Iy supplain ter		
1.1 70.6	business, or establishment in which employed or (employer)	Contributory Secondary
MARGIN RE H UNFADING hould be carefu of DEATH in	10 NAME OF FATHER addison Josepson	(Signed) J. Harring M. D.
Atlon sh	OF FATHER	*State the Disease Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	d OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
f inf	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs
	(Informant) Daises M. Folliper	Former or usual residence
WRITE Every item CIANS sho statement o	(Address) 4907 Shereff Rd h	" Wash.; D. C Judy! 10 31
S. No. No.	Filed 6-28 1931 Mrs. W.J. Registrar	Roff 4. Mc Give 1820-9ft. M.
P. JE	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. ployed, as At school, or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewije, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocworked on may form part of the second statement Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Compositor, For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. If the occupation has been changed and children, Laborer-Coal mine, etc. Architect, Locomotive engineer, not gainfully em-The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measlee; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature cough; Chronicetc. valvular heart The contributory disease;

PLACE OF DEATH County Montg	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2
Village or City Senica, (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, Married Wildowsb. Colored (Write the word)	June 30 th , 192 3I (Month) (Day) (Year) 73
5 DATE OF BIRTH , 1 87.3 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw here on 192 that I last saw her
7 AGE 16 LESS than 1 day hrs. 1 day h	and that death occurred on the date stated above, at 6:450 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Contributory Secondary (Durstier) (Signed) (Signed) (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Allice Curtis 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or RecenterResidents) At place of deathyrsmosds, Where we discore contracted.
(Informant) John H. Johnson (Address) Sellmanovi, R. F. D.	former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sugar Land Comptany July 3, 19.3I
Filed uly 2 1921 Uft Avenue 1921	30 UNDERTAKER Jacker Jacker Garline Garline Garline
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re gaged in domestic service for wages, as Servont, Cook, or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stotionory firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, r," etc., report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on Grocery,

Statement of Cause of Death—Name, first, the DISE EARLY CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The n-ture of the injury, as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, "Ezhaustion," "Heart Imme,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by Committee on and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcona, etc., of Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvulor heart disease; etc. The Nomenclature of the contributory

PHYSI-Every item of information should be carefully supplied. ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLYNLY, WITH UNFADING INK--THIS IS A PERM N. B.-

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
County Montgomery	CERTIFICATE OF DEATH
The state of the s	46
0: (4)	Registration Dist. No. 2/
Village or City V/ exercity No.	St: Ward) (If death occurred in a hospital of institu-
	tion, give its NAME is -
2FULL NAME Constance	Deulah lones stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Temale White WIDOWED Married OR DIVORCED (Write the word)	, 19
/emace Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That battended the deceased from
July 15 . 1889	1930. to June 9, 1937,
Month) (Day) (Year)	that I last saw by alive on June 3 71, 1981,
7 AGE [If LESS than	and that death occurred on the date stated above, atm,
1 dayhrs.	The CAUSE OF DEATH * was as follows:
41 yrs. // mos. /2 ds. or min.?	carenowa of
B OCCUPATION	Stownel
(a) Trade, profession or house - wife	*** The state of t
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yra
	Contributory Card of
(State or country) Writs. Co Muruland	Secondary)
1 ID NAME OF	(Dystion) yrs. mos. d.ds.
FATHER LAND BB. M. I.	(Sigged) M. D.
11 BIRTHPLACE	2 June 5 192 / (Address) for bland
0)	*State the Disease Causing Death, or, in deaths from
Z (State or country) Tharyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ely abeth anne Cooley	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmosds, Stateyrsmosds.
(State or Country) / acy land	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of des.h?
Classian Chain	Former or usual residence
(Informant), Selande	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address Duterson ha.	Thealland lune 5 10/30
	2D UNDERTAKER ADDRESS
15 Filed June 5 1931 Elwhofe	July Hestout 1 B
Registrar	I I I I I I I I I I I I I I I I I I I
If more blanks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. " etc., without more precise specification as Day Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." a carbolic acid-probably suicide. The nature of the injury, approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; taken. (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; Chronic etc. The contributory valvular heart Nomenclature of the disease; 28

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

Village or City Gaithersburg (No	St:: Ward) St:: Ward) (If death occurred i a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Married WIDOWED. Male White (Write the word)	June 26 , 1923I
Sept 25 , 11846 (Month) (Day) (Year)	that Clast saw h Modive on 25 June 1923
84 yrs. 9 mos. I ds. or min.?	and that death occurred on the date stated above, at 9.9 Mm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) vrs. mos. d
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary Secondary Duration) Signed) Signed M. I
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Lydia Potts 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place 36 yrs mos ds. In the 36 mos ds. Where was disease contracted, Sault if not at place of death?
(Informant) Mrs Robert Jones (Address) Gaithersburg	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Gaithersburg June 28193.1
Filed Jun 2 7921 (Gellel Were 2 10ther	1 Do Sachur Garthurby

07173

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scruant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housenwid, etc. If the occupation has been changed Physician, Compositor, Architect, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Examples: Accidental drowning; Struck by railway trainaccident; Revolver wound of head-homicide; Poisoned by tetaius) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases ean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart Nomenclature of the discase; ete., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. AGE should be stated EXACTLY PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.				
Every item of information should be carefully supplied. AGE should be stated EXACTLY should state CAUSE OF DEATH in plain terms, so that it may be properly classified. ExiOCCUPATION is very important. See instructions on back of certificate.	 PHYSICIANS	act statement of		
Every item of information should be carefully supplied. AGE should be stated should state CAUSE OF DEATH in plain terms, so that it may be properly clad OCCUPATION is very important. See instructions on back of certificate.	 EXACTLY	ssified Ex		
Every item of information should be carefully supplied. AGE shoushould state CAUSE OF DEATH in plain terms, so that it may be occupATION is very important. See instructions on back of cer	id be stated	properly cla	tificate.	
Every item of information should be carefully supplied should state CAUSE OF DEATH in plain terms, so the OCCUPATION is very important. See instructions on	 . AGE shou	t it may be	back of cer	
Every item of information should be caref should state CAUSE OF DEATH in plain t OCCUPATION is very important. See Ins	ully supplied	erms, so tha	tructions on	All the control of
Every item of information shoul should state CAUSE OF DEATH OCCUPATION is very important	d be caref	in plain t	it See Ins	
Every item of informa should state CAUSE (OCCUPATION is very	tion shoul	OF DEATH	Importan	
Every item should state	of informs	CAUSE	ON is very	
	Every item	should state	OCCUPATI	

PLACE OF DEATH

071	2	STATE	OF	MA	ARY	LAND	
		CERTIFIC					

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ы	4	Ł	3
U	А	a	g.

Coun	mty Montgomery	Q CERTIFICATE OF DEATH
Villa	ge or City (No. (No. Abortio	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	White Single MARRIED, WIOOWED OR DIVORCED (Write the word)	June 12, 1931 (Month) (Day) , 191 (Year)
6 DA	TE OF BIRTH June 12, 1931	that I last saw h alive on
7 AG	(Month) (Day) (Year) E If LESS that	and that death occurred on the date stated above, at m
yai yai yai yai	control of the state of state of country) control of the state of stat	
PARENTS	10 NAME OF FATHER GOORGO KOMP 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Malden NAME Emma Taylor	(Signed) Juno 12, 1931 Barnesville, Md. State the Pinease Caubino Drath, or, in deaths from Violent Caurre, state (1) Means or Injury: and (2) whether Accurental.
	OF MOTHER PRIMAL LAVIOR 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE) At place in the af death yes mos de Siete, yes mos de Where was disasse contracted. If not at place of death?
	(informant) George Kemp	Former er aqual residanca
(Crownell's)	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	June 15 31 Home & Lewis	20 UNDERTAKER AODRESS

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Approved by U. S. Corous and American Public Health Assertation.

employed, as At school or write None business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gamfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid liouscheepers precise specification as Day laboras Form Inhorer Luborer "Foreman," "Manager," "I enter, etc., without more only when needed. As examples (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons of the second statement mobile factory. mill; (a) Salesman, (b) travery: (a) Foreman. (b) Autocian, Compositor, Architect, first line will be sufficient, c. g., Former or Planter, Physiis provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, applies to each and every person, irrespective -Coal mine, etc. Statement of Occupation-Process statement of occupamany occupations a single word or term on the very important, so that the relative bealthfulvarious parsuits can be known. The question For persons who have no occupation whatever, Stationary forman, etc. The material worked on may form part Women at home who are engaged in At home Care should be Never retilrit "Laborer." Locomotra engineer, Caril But in many If retired from of age. CU CS,

spinal meningitis"): Diphtheria (avoid use of "Croup"); CAUSING DEATH (the primary affection with respect to unrqualified. 15 fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Typhoid forer Statement of Cause of Death-Name, first, the DISEASE and causation), Blue would undefinite); Tuberculosis of lungs, menin-(never report Bronchopneumonia using always the same accepted Examples: "Typhoid pneumonia"); ("Pneumonia, Cerebrospinal

> on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible surgical operation was undertaken. For violent deaths ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. and consequences (e. g., sepsis, leturus) may be stated head-homicide; Poisoned by carbolic and Struck by railway to determine definitely Examples. Accidental drowning state MEANS OF INJURY and qualify as ACTIDENTAL, "PUERPERAL peritonitis," birth or miscarriage as "Puerperal septichornia." cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy: "Exhaustion," "Heart failure," "H.c.norrhage," "handon," "Marussymptoms or terminal conditions, such as "Asthenia." chopneumonia (secondary), 10 ds. Example: Meusles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" "Аплешіа" "Coma," "Senile," etc.). ma," "Convulsions," The contributory (secondary or intercurtrain-accident. etc. is less definite; avoid use of "Uramia." "Weakness." State cause for which "Debility" ("Con-Never report mere Revolver "Atrophy." Recommendations munning. .. Col-

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(Approved by U. S. Census and American Public Health Association.)

tion a plies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomolive engineer, Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street mumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH of 3 SEX 4 COLOR OR RACE | 5 SHANKED OF B. on back WIDOWED t may (Write the word) That I attended the deceased from 6 DATE OF BIRTH nstruction that I last saw held ... alive on .. If were (Month) (Day (Year) and that death occurred on the date stated above, 0 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. ..yrs......ds.or....mos......ds.or.... min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry (Duration)yrs.......mos..... business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion)yrs.mos...... 10 NAME OF FATHER State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 11 BIRTHPLACE ENT OF FATHER 0 (State or country 00 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OCCUP 0 state ients, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State,yrs..... mos. of death yrs. (State or country) should Where was disease contracted, of if not at place of death?..... 14 THE ABOVE IS MYKNOWLEDGE Former or usual residence. 19 PLACE OF BURIALOR REMOVAL DATE OF BURIAL EVERY ADD'RESS 20 UNDERTAKER if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

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(Approved by U. S. Consus and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the will alever, write Nonc. business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Screent, Cook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken definite salary), may worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealor given up on account of the bisease causing beath, Housemaid, etc. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc-6 31.8.). For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed be entered a. Housewife, House

Blacement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerchrospinal fever (the only definite synonym is "Epitemic carebrospinal meningitis"); Diphtheria (avoid use of "Caupy"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pheumonia");

State cause for which surgical operation was underment of cause of death approved by Committee on head of "contributory." taken. For VIOLENT DEATHS State MEANS OF INJURI diseases resulting from childbirth or miscarriage as quences (e. g., sepsis, totanus) may be stated under the as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "PUERPERAL septicuemia." "PUERPERAL peritonitis," "Uracmia," "Weaknes.," ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions," symptomatic), "Atrophy." "Collapse," "Coma." conditions, such as "Asthenia." Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of head-homiclds; Examples: Accidental drowning; Struck by railway can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." "Haemor ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); inges, peritonasum, etc., Caroinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men "Debility" ("Congenital," "Senile," etc.), (Recommendations on stateaffection need "Anacmia" Measles; (disease (merely (secondnot be

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1 4	y ce	STATE OF MARYLAN	ID—CERTIFICATE OF DEATH
mfo	UPA	1. PLACE OF DEATH	(82:0)
53		· County Mondamans	Registration Dist. No. 2/6
	suous Je O	Village or City Bulkelanda,	Mal·No. St War
/m	0		(If death occurred in a hospital or institution, give its NAME instead of street and number)
Every	ent	Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosd
/ A	e m	2. FULL NAME danse Le	ins
OKD. Every	_	(a) Residence: No. (Usual place of abode)	4. St., Ward. If nonresident give city or town and State
ECO	act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	. Ex	3. SEX. 4. COLOR OR RACE 5. SINGLE MARRIED, WIDO OR DIVORCED (puricement)	WED. 21. DATE OF DEATH (Month) (Oay) 5-/193 / (Year)
ING	peg	5a. If married, widowed, or divorced HUSBAND of	
Id	assified	(or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
BINDIN	42 .	6. DATE OF BIRTH (month, day, and year) Neary 4, 192	7 I last saw h alive on, 19; death is as
P	properly certificate	7. AGE Years Months Days If LESS	L.
FO	proper proper pertific	# 1 2 1 day,	
- 00	ا م س	8. Trade, profession, or particular kind of work done, as SPINNER, ANYER, BOOKKEPER, etc	01001
ED		C A table to a kindle to the	Deselval miner nota
RY T	should it may r. back	work was done, as SILK MILL,)
G INK—THE	0	10. Oate decesed last worked at this occupation (month and spant in this	
E E	that ons	year) occupation	Ohn Carilla Caracteria
Z *	erms, so tha	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
MARGIN	s, s truc	(State or country)	Spannofulia
N N	supplied n terms, ee instri	13. NAME dustly Lewis	
M C	sul vin t	4 14. BIRTHPLACE (city or town)	Name of operation Oate of Oate of
E	fra .	(State of country)	What test confirmed diagnosis? Was there an aulopsy?
P = 4	nould be carefully OF DEATH in pla very important.	# 15. MAIDEN NAME Duise Woodfor	23. If death was due to external causes (VIOLENCE) fill in also the following:
	TH	16. BIRTHPLACE (city or town) (State or couptly)	Accident, sulcide, or homicide? Date of Injury, 19
Z Z	EA'	(State of County)	Where did Injury occur? (Specify city or town, county and State)
33	T D	17. INFORMANT A Settles deliting (Address) Butterla, M. S.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
P		18. BURIAL, CREMATION, OR/REMOVAL	Manner of injury
	图 .	Place Wash, D. Coate Mullen	Nature of injury
WRITE	CAUSE TION is	Wan and Danier	24. Wes disease er injury in any way related to occupation of deceased? 240
0.1	HOH	19. UNDERTAKER / Graces (Addiess) (L 32 Now Lt.	If so, specify
vi P		20 EUE VILLE 5 08 Beug C. PENYL	(Signed) 6000 Queloque
> E)	20. FILED (19.5) 19.5/ VS-45	prar. (Address) Betherdal ma
		If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Constrail howevery are	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH	07178 STATE OF MARYLAND
County Monda	CERTIFICATE OF DEATH
9.0	Registration Dist. No. 2/2
Village or City Dekgram (No. 2FULL NAME LUCKER F. Lo	St.: Ward) St.: Ward) (If death' occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED OR DIVORCHIMMA (Write the World)	16 DATE OF DEATH JUNE 18 TE , 1931 (Month) (Day) (Year)
Sept 29, 1872	that I last saw h Malive on June 18 1, 1981.
7 AGE Syrs. 8 mos. 19 ds. Or min.?	and that death occurred on the date stated above, at 10,00 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	Contributory Phis attack about 10 min Secondary
10 NAME OF FATHER ODUSH FOY	(Signed) (Address) Wishers
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Marky Jpry 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant)	if not at place of death?
(Addless) Dickerson Md.	Bealls Tille Ma June 2/. 1931
Filed Janue 19 19231)) US. C.C. Nillon Registrar	M Hillon Jon Barnes Tille
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEAS: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted (erm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) atic), "Atrophy," "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritoritis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; as fracture of skull, and consequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJULY Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condietc. The contributory

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PLACE OF DEATH County Moute	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/
Village or City Mt Trion mo (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME II - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STNGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Jule 2 , 198/ (Month) 7 (Day) (Year) 3/
8 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from North 1930 192 to June 2 , 1927, that I last saw humalive on June 2 , 1927,
7 AGE 7 4 yrs. 5 mos. 18 ds. or min. 8 OCCUPATION (a) Trade, profession or Block Smith particular kind of work	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Montages Co	Contributory Edward Programmos de. Contributory Secondary (Durstion) yrs. mos. ds.
10 NAME OF FATHER Isaach, Marshall 11 BIRTHPLACE	(Signed). Com, Inding M. D. June 271936 (Address) Brutenile 200
OF FATHER Z (State or country) Moryloud 12 MAIDEN NAME V	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Family Poul 13 BIRTHPLACE OF MOTHER (State or Country) Many low	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Roy & Barber	if not at place of death?
(Address) Parthersburg my 15 Filed me 22 181 C Sarusay Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2D UNDERTAKER DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL
	ar, 16 W. Seratoga St., Balto., Requesting N. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the Disc EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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answered in detail, it will prevent further correspondence. All the "data is essential and must be obtained before the certificate is permanently filed.

(Recommendations on statement of cause of death American Medical Association.) stated unless important. Example: Measles (disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, If this certificate is looked over thoroughly and a l qu stions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; affection need not be etc. The contributory

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME inof street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED OR DIVORCED Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) (Month) IIILESS than 7 AGE and that death occurred on the date stated above, at I day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 1925 (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrsmosds. (State or Country) Where was disease contracted, if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement usual residence. (Informant) DATE OF 19 PLACE OF BURIAL OR REMOVAL NDERTAKER Filed Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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RESERV

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Oshould be used only when needed. As examples: (a) household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emer," etc., sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the laborer, Civil engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in (a) the kind of work and also (b) the (b) Automobile factory. The materia Architect, (a) Salesman, (b) Locomotive Grocery; engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telunus) may be stated under the head of "contributory." carpolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, ?" "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) Chronic etc. The contributory affection valvular heart Nomenclature need not be disease;

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BUREA

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coat munc, eve. when en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesgaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Grocery,

Statement of Cause of Death—Name, first, the DISE EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "E:haustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) (Recommendations on statement of cause of death resulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease affection need, not be etc. The contributory valvular heart disease; Always qualify all Measles ;

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MARGIN

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Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Furmer or Planter, state occupation at beginning of illness. If retired from nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation gaged in domostic service for wages, as Servant, Cooling Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved Recommendations on statement of cause of death elanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Sep Remoter (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (that least saw he alive on the date stated ab and that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The and that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The and that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that least saw he alives on And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that least saw he alives on And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that least saw he alives on And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that least saw he alives on And that death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that least saw he alives and the death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that least saw he alives a follows: The And that least saw he alives and the death occurred on the date stated ab The CAUSE OF DEATH * way as follows: The And that least saw he alives and the The CAUSE OF DEATH * way as follows: The And that least saw he alives and the The CAUSE OF DEATH * way as follows: The And that least saw he alives and the The CAUSE OF DEATH * way as follows: The And that least saw he alives and the The CAUSE OF DEATH * way as follows: The The CAUSE OF DEATH * way as foll		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
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Iday hrs. Iday	6 [September 11, 1861	17 HEREBY CERTIFY, That I attend
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 10 Shinesson or particular with a product of the	7 4	l day hrs.	and that death occurred on the date stated about the CAUSE OF DEATH * was as follows:
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Was River and Manney Sandanium Reserved. (Informant) Was River and Manney Sandanium Reserved. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Was River and Manney Sandanium Reserved. 15 BIRTHPLACE OF MOTHER (State or Country) 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Was River and Manney Reserved. 17 Former or usual residence. 18 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents) At place of death A. yrs. A. mos. 3. ds. State Where was disease contracted, if not at place of death? Former or usual residence. 19 FLACE OF BURIAL OR REMOVAL	()	a) Trade, profession or particular kind of work. b) General nature of industry	Unable to a fine origin could invalid therains
(Signed)	1	which employed or (employer)	Contributory Undrived also
12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Was River to Manual Records 15 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents) At place of death a yes a disease contracted, if not at place of death? Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL	Z	10 NAME OF FATHER John O'dell 11 BIRTHPLACE OF FATHER	6/19 (Address Arcama /
(Informant) Was Ring Low San Lanium Records if not at place of death? She stand She place of death? She s	R	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals ients or Recent Residents) At place of death
	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence 1319 Euclid SI

PLACE OF DEATH

County Monk gomers

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward) (If death occurred in

dell	tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH JUNE	28 , 19×3L
(Month)	(Day) (Year)
1. 15 1 - 1	I attended the deceased from
6 / 46 193 /. to	6 / 2 5 , 193 /,
that Mast saw h Lalive on	16/28, 193/,
and that death occurred on the date	stated above, at 11 5 m.
The CAUSE OF DEATH * was as follo	we Greekely primary in the
Tympho 10	arcoma.
Unoffe to place origin.	CarloR
involving ret paritoned a thoras	is grilland lyndan
modes. Duration)	with yes mos a.ds.
Contributory Ulleral	aliseus. Old
	ortre Steriosis
5/	yısmosde.
(Signed) Soward.	· marce MD.
6/7/ 192/ (Address / Ale	ma lack ma
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of Injury and (2) Whether
10	Hospitals, Institutions, Trans-
ients or Recent Residents)	In the
At place of death 0 yrs 0 mos. 3 ds.	State
Where was disease contracted, if not at place of death?	N.C
Former or usual residence 1319 Eucli	d St., Wash De
19 PLACE OF BURIAL OR REMOVAL	6-30 , 193 /
30 UNDERTAKER	ADDRESS

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnow
laborer, Laborerlaborer, Farm laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile foctory. The should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day who are engaged in the duties of the single word or term on -Coal mine, etc. Wommaterial Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. 2 (If death occurred in Village or City (Ward) a hospital or institu-tion, give its NAME is stend of street and number.) certif MEDICAL CERTIFICATE 4 COLOR OR RACE 16 DATE OF DEATH may be WIDOWEL (Write the word) (Year)(Day) 6 DATE OF BIRTH tended the depensed If LESS than and that death occurred on the date at ted above, at The CAUSE OF DEATH * I day hrs. terms or min.? BOCCUPATION (a) Trade, profession or ⊑ Ø particular kind of work refully In piai (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OF FATHER *State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. Z CAUS (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE In the OF MOTHER (State or country) Where was disease contracted, if not at place of dea.h?..... TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUM Former or usual resido (3) (Informant) Every it CIANS stateme (Address) If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. \$. No. 1.

BINDI

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS, EATE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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PLACE OF DEATH

2FULL NAME

3 SEX

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

5 SINGLE.

MARRIED.

WIDOWED. OR DIVORCED

Former or usual res.dence

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

number.)

(If death occurred inWard) a hospital or institution, give its NAME is stead of street and

MEDICAL CERTIFICA	ATE OF	EATH	
6 DATE OF DEATH	5		192
(Month	A attende	d the de	ceased from
hat I last say h alive on Q	ren se	en	, 192
nd that death occurred on the date	stated abov		
		11.0	
Suicide by jumping of	A B C	sige.	~
(Duration)			osdı
Contributory Secondary	*************************	***************	
Signed) D (Address) (Address)	vou	2	O MI
*State the Disase Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Douth or	in dea	the from
8 LUNGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Instituti	ons, Iran
t place f deathyrsmosds. Vhere was disease contracted,	In the State	yra	.mosd

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (o) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (re Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Form loborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as_fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train taken. can be ascertained as the cause. (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY resulting from childbirth or miscarriage as etc. The contributory valvular heart Always qualify all diseose;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

laborer, Spinner, (b) Cotton additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business; that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook; ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Paysician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed en at ," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on home, who are engaged in the duties of the without more precise specification as Day Compositor, Architect, (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman, Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage, ""Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, cough; "Heart failure," "Haemorrhage," Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature

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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The materia Laborer-Coal mine, etc. Wom-(6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on can be ascertained as the cause. (secondary Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease; not be

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V. S. No. 1

	/	1PLACE OF DEATH	STATE OF MARYLAND
1		ounty Montgoniery	CERTIFICATE OF DEATH
	C	ounty // Muy / Muy	Registration Dist. No. 223
		71.0 D'12 74	(/2 - 1 · DD 2
	Villa	age or cital ma Pailino. 24	
ate		2FILL NAME To John Warren	tion, give its NAME instead of street and number.)
1110		2FULL NAME 1/0 2000 CO WVIEW	L JAMERCE NUMBER!
cert		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0	3 81	A COLOR OR RACE 5 SINGLE. MARRIED. Married WIDOWED. Married	16 DATE OF DEATH
o K	n	Tavo, (1) VI VI) OR DIVORCED	(Month) (Day) (Year)
Da	-	(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
0	6 D.	ATE OF BIRTH	June 1929 to we 5 , 1931,
กร		Conthy (Day) (Year)	that I last saw h I M alive on Sune 5 193. 1.
ctio	7 8		and that death occured on the date stated above, at
tru			The CAUSE OF DEATH * was as follows:
50		49 yrs. 3 mos. 15 ds. or min.?	Acute Carline delalation Jound
99	F 1	CCUPATION 1) Trade, profession or Bueldle	dead in bed)
S	pa		
Pot S	bu	o) General nature of industry asiness, or establishment in	(Doration) yrs
ort	-	hich employed or (employer)	Contributory Alexalism - severe to
mp	9 B	(State or country)	Duration Dyrs mos ds.
. y	-	10 NAME OF	W/rea a Sheran un
Ver		FATHER Samuel P. Sheadle	(Signed) M. D.
(f)	S	11 BIRTHPLACE	(Address) 113 - Canal M. Address Causing Death on in deaths from
NO	Z	OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
H	RE	OF MOTHER & Olo 1 Briefle	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Teans-
d	4	- Carry original	ients or Recent Residents)
100		OF MOTHER	At place of death yrs mos ds.
0	-	(State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
t o	14		Former or
nen		(Informanaura M. Shadh	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
ton		(Address) 24 locarvell are	arlungten Cenally June 9. 103/
sta	15	0 6 10	20 UNDER OKED
4		Filed June 192 1 0 0 Registras	www causes or rest of la
	-	If more banks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE GAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Hausekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a. cases, especially in industrial employments, it is neces-Civil engineer, Physician, the first line will be sufficient, e g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health Statement of Occupation-Precise stutement of oc-Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Compositor, Architect, For persons who have no occupation Stationary fireman, etc. the kind of work and also (b) the person, irrespective of Locomolive engineer not gainfully em-As examples : 'a' But in many (6) (Trocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; sobar pneumonia. Bronchopneumonia ("Pneumonia.")

as fracture of skull, and consequences (e.g., scpris, tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage "Puerperal septicuemia," "Puerperal peritonitis," " Uraemia, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing stited unless important. Example: Measles (disease Recommendations of statement of cause of death approved by committed on Nomenclature of the curbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by and qualify as accidental, suicidal, or homicidal, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus, (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; American Medical Association! Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely Whooping inges, peritonaeum, unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopmoumonia (secondary) interstitial nephritis, "" "Weakness," etc., when a definite disease cough; etc., Chronic valeular heart Carcinoma, 3.3 The nature of the injury, etc. "Old Age, " etc.), "Dropsy, The Sarcoma,, etc., o contributory "Shock, not be disease

If this certificate is backed over thoroughly and all questions answered in detail t will gravent partner correspondence. A ithe data is essential, and must be obtained before the cartificate is permanently filed.



-Every Item of Information should be carefully supplied. ACE should be stated EXACK Y, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD LZ BINDING PERMA VITH UNFADING INK--THIS IS A MARGIN RESERVED FOR WRITE PLA V. S. No. 1

	PLACE OF DEATH	STATE OF MARTLAND
	County Moutgowery	CERTIFICATE OF DEATH
1	1 A Kal	Registration Dist. No. 223
	Village or City Takoma Parke (No. Ya	sh. Sau & Hoofstel Ward) (If death occurred in a hospitat or institution, give Its NAME in-
PERSONAL AND STATISTICAL PARTICULARS		teruberg stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Female White Single, Married Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 14, 193
	6 DATE OF BIRTH December 7, 1862	17 I HEREBY CERTIFY, That I attended the deceased from May 14 1931, to June 14, 1931,
	(Month) (Day) (Year) 7 AGE [If LESS than	and that death occurred on the date stated above, at
	68 yrs. 6 mos. 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION (a) Trade, profession or particular kind of work	Jumor impling gall flasher and extending
	(b) General nature of industry business, or establishment in which employed or (employer)	to crest of ilimorphism further information, de.
	(State or country) New York, City N.Y.	Secondary (Durstion) mos da.
	10 NAME OF FATHER Edward nathan	(Signed) 14 1937 (Address) Takamu Park De
	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Bartha Stears	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. 2 mos. ds. In the State yrs. 2 mos. ds. Where was disease contracted.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Sautarum Records	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Jakoma Park, M. C. Rogers. 15 Filed June 14 1981 76. E. Rogers. Registrar	20 UN DERTAKER ADDRESS N. B. Newwys 9249. U. Gol M. W.
	If more bianks are needed, address State Registrar	

17199

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary froman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be

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V. S. No. 1

PLACE	E OF DEATH		471	STATE OF	MARYLAND
County	Montg	- o o demo o moi o moi moi o moi moi o moi moi o moi moi		CERTIFICAT	TE OF DEATH
1-1			82-20	Registratio	n Dist. No. 218
	y Guithersbur	Repbecca Wa	tkins	St.: Wa	rd) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	M	EDICAL CERTIFICATI	E OF DEATH
s sex Female	4 COLOR OR RACE	SINGLE, MARRIED. WILLOW WIDOWED. WILLOW OR DIVORCED (Write the word)		June 27	, 192.3I(Day) (Year)
6 DATE OF BI	RTH				attended the deceased from
	Mo W	3I (Day)		4	, 192,
7 AGE		If LESS I day mos. 26 ds. or i	than and that death	occurred on the date star	ted above, at 9 am m
(b) General a	orofession or nd of work nature of industry establishment in nyed or (employer)	表更多的技术生活。Hot Work	Contributory Secondary	(Duration)	Association des
	Maryl	and		(Duration)	yreds.
10 NAME	2	am FILT ND	(Signed)	1 Hans	M.D.
OF FAT Z (State of State of S	LACE	am ELLER	Scenes t	he Disease Causing Deases, state (1) Means of nicidal or Homicidal.	th, or, in deaths from Injury and (2) Whether
12 MAIDE		E ETCHISON	18 LENGTH O		spitals, Institutions, Trans-
13 BIRTHF OF MOT (State of		Id	At place of deathyrs. Where was diseas		the Stateds,
		T OF MY KNOWLEDGE	if not at place of Former or usual residence	of dea h?	
(Informan	nt) Mrs Hugh	1 Walker	19 PLACE OF E	BURIAL OR REMOVAL	DATE OF BURIAL
(Add	dress) Gaith	ersburg	Cedar	Grove	June 399#I
Filed Filed	un 2/1923/1.	melel Wee 2/	CLUED UNDERTAK	Harford	Laithurk
U	If more banks are	needed, address Ltate Reg	gistrar, 16 W. Saratoga	St., Balto., Requesting	V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer Orc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Furni laborer, Laborer-Coat mine, eve. woun-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a ete., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation Furm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on 6 Grocery;

Stretement of Cause of Death—Name, first, the Disease in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only define synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonacum, etc., Careinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Recommendations on statement of cause of death as fracture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart Nomenclature disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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-	PLACE OF DEATH	95-0 07191 STATE OF MARYLAND
	County MM Jamen	CERTIFICATE OF DEATH
		Registration Dist. No. 216
Vi	2FULL NAME George E. Wilcox	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE SINGLE. MARRIED. White OR INVORCED (Write the word) Male	16 DATE OF DEATH 2 6 th , 1931 (Month) J 6 (Day) (931 (Year)
6	Jan. 4, 1881 , 1	17 I HEREBY CERTIFY, That I attended the deceased from 192, 192,
_	(Month) (Day) (Year)	that I last saw h alive one and an arreval 192
7	If LESS than 1 day hrs. 50 yrs. 5 mos. 22 ds. or min.?	The CAUSE OF DEATH * was as follows:
F (H	(a) Trade, profession or Office U.S. b) General nature of industry cusiness, or establishment in Cost Guard which employed or (employer) BIRTHPLACE (State or country) Baltimore Md.	(Durstion) yrs. mos. ds. Contributory Secondary Durstion) 3 yrs. 6 mos. ds.
	FATHER Peter E. Wilcox	(Signed) UM. F. Burdick M. D.
ENTS	OF FATHER Baltimore Md. (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	of mother Louis Rueg	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	OF MOTHER Md.	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds.
4	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informat)s. Grace H. Wilcox	Former or usual residence
	(Address) 4515 Walsh St.	Washington &C June 26, 1931
5	Filedur 26 19231 Brig C Perry Registrar	The S. H. Hines Co Wash. Dl.
	If more hunks are needed address State Registral	16 W Serstone St. Belto Pequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). busine -, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocr," etc., report specifically the occupations of persons For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Loborer-Cool mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile foctory. The materia. (a) the kind of work and also (b) the single word or term on Locumotive engineer, (b) The ques-Grocery; entes

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria [avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by as fracture of skull, and consequences (e.g., sepsis, telanius) may be the hunder the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-(secondar, unqualified, is indefinite); Tuberciulosis of lungs, men-American Me Recommendations st approved by Connittee as fracture of curbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. "E:haustion, Whooping baken. For violent deaths state means of injury If this eartif "Atrophy." "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitiol nephritis, cough; ion " "Hast or intercurrent) affection need " "Marasmus," "Old Age," "Shock, "Heart failure," "Haemorrhage, Chronic ssociation. statement of cause of Example: Meosles (disease etc. The contributory valvular Nomenclature Always qualify all hearl disease ;

If this erriffia is leved over throughly and all quistions answered in de all is given to the correspondence. All the data is essental and must be obtained before the certificate is permanently fled

MARGIN RE	WRITE PL WE WITH UNFADING	EVERY Item of Information should be careful CIANS should state CAUSE OF DEATH IN
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mark to		

PLACE OF DEATH County Montgonery	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Selver Jung (No. 2FULL NAME M. Sawrence Will	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thale Colored Single, Married, Wildowed. Or DIVORCED (Write the word)	16 DATE OF DEATH Silver Spring Ind: 192 (Month) \$0 (Day) 193 (Year)
6 DATE OF BIRTH June 19, 1900	that I last saw h malive on June 23, 1931
(Month) (Day) (Year) 7 AGE If LESS than day hrs. day hrs. or min.	and that death occurred on the date stated above, at 110 Pm.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Coffather (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 16 May 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed). (Durstion) yrs. mos. ds. (Signed). (Durstion) yrs. mos. ds. (Signed). (Address) when from your had settle from you had accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) At place for death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence for hospitals and the form of th

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement Physician, Compositor, Architect, Foreman, (b) Automobile factory. The materia For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer, But in many

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approved diseases resulting from childbirth or miscarriage as "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and quality as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemoryhage," "Shock," "Old Age," "Shock," atic), tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., ot .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) affection need not be Chronic valvular heart disease etc. The contributory